

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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TOTAL IND.	4					
TOTAL DEP.	15	↔	↔	↔		
TOTAL CLAIMS	20	████████	████████	████████		

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████████	████████	████████		